

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 913791 RECEIPT DATE: 08 / 16 / 01
IA NUMBER: PCT/ JP00 / 08980 IA FILING DATE: 12 / 18 / 00
FAMILY NAME: KENMOCHI DELAY WAIVED (Y/N): Y
GIVEN NAME: NOBUHIKO DEMAND RECEIVED (Y/N): N
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 12 / 16 / 99
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 110215 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
FAX
NAME: JAMES A. OLIFF
OLIFF & BERRIDGE
STREET: P.O. BOX 19928

CITY: ALEXANDRIA
STATE/COUNTRY: VA ZIP: 22320
EMAIL:
APPLICATION TITLES:
NONRECURSIVE DIGITAL FILTER AND RADIO RECEIVING UNIT USING THE SAME

TAB TO LAST POSITION, PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
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CONFIRMATION NO. 4112

Bib Data Sheet

SERIAL NUMBER 09/913,791	FILING DATE 08/16/2001 RULE	CLASS 455	GROUP ART UNIT 2682	ATTORNEY DOCKET NO. 110215
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APPLICANTS

Nobuhiko Kenmochi, Nagano-ken, JAPAN;

**** CONTINUING DATA *******

THIS APPLICATION IS A 371 OF PCT/JP00/08980 12/18/2000

**** FOREIGN APPLICATIONS *******

JAPAN 11-357951 12/16/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 5	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Oliff & Berridge
 PO Box 19928
 Alexandria , VA 22320

25944

TITLE

Noncyclic digital filter and radio reception apparatus comprising the filter

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit